

Employee Information

☒ Initial Authorization ☐ Change ☐ Termination

☒ Direct Deposit ☐ Pay Card ☐ Split Deposit
Employee Name: Kurtis WilliamsBranch/Cost Center: 1183I hereby authorize HydroChemPSC to initiate a direct deposit or fund the Pay Card as per instructions on this formLast four (4) digits of your Social Security Number or Employee ID required: 4423

PAY CARD INFORMATION

Have you ever been issued an ADP/Wisely Card from HydroChemPSC? ☐ Yes ☒ No

Enter the Proxy ID prior to faxing form:

Pay Card - Check One:

☐ Deposit full amount of payroll check

Wisely Card Account Number

☐ Partial Deposit Amount _____ OR ☐ Balance

BANKING INFORMATION

Check One: ☒ Checking ☐ Savings (see below*)

Bank Name & Location:

Check One: ☒ Deposit full amount of payroll check☐ Partial Deposit Amount _____ OR ☐ BalanceTransit/ABA Number: 111000614Account Number: 116382885Check One: ☐ Checking ☐ Savings (see below*)Bank Name & Location: Chase / HoustonCheck One: ☐ Deposit full amount of payroll check☐ Partial Deposit Amount _____ OR ☐ Balance

Transit/ABA Number: _____

Account Number: _____

Check One: ☐ Checking ☐ Savings (see below*)

Bank Name & Location:

Check One: ☐ Deposit full amount of payroll check☐ Partial Deposit Amount _____ OR ☐ Balance

Transit/ABA Number: _____

Account Number: _____

Attached Voided Check here

Where to find the transit routing numbers at the bottom of your check:

: 123456789 : 123456789 : 1234

Transit # Account # Check #

Employer Signature: _____ Date: _____

EMPLOYEE AUTHORIZATION

By accepting and using my Aline Card, I agree to be bound by the terms and conditions outlined in the Aline Cardholder Agreement. I hereby authorize ADP to credit any amounts owed to me, as instructed by my employer, by initiating credit entries to my Aline Card. In the event that ADP or my employer loads funds erroneously to my Aline Card, or my financial institution, I authorize ADP and/or my employer to debit my card or financial institution for an amount not to exceed the original amount of the erroneous credit, in accordance with any applicable laws. This authorization is to remain in full force and effect until ADP or my employer has received written notice from me of its termination in such time and in such manner as to afford ADP or my employer to act on it. I agree that I have reviewed, and understand the Aline Cardholder Fees Summary.

*Checking Account, You must attach a voided check—no deposit slips.

*Savings Account, documentation from your financial institution stating the Transit/ABA & Account number must accompany this authorization - no deposit slips. Be sure that the routing number is for "Direct Deposit" transactions. (Not wire transfers). Incorrect information may delay processing.

Employee Signature: K. WilliamsDate: 1-30-2020

EXHIBIT

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